



**STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
APPLICATION FOR PRELIMINARY OR CONTINUING EDUCATION**

INSTRUCTOR APPROVAL

SECTION 1 - PERSONAL INFORMATION

NAME: _____ (_____) _____
Last First Middle Telephone
RESIDENCE ADDRESS: _____
Number and Street City State Zip Code
MAILING ADDRESS: _____
Number and Street or P. O. Box City State Zip Code
PHYSICAL DESCRIPTION: _____
Sex Color Hair Color Eyes Height Weight Birth date

SECTION 2 - PERSONAL HISTORY

READ AND ANSWER EACH QUESTION CAREFULLY, IF NECESSARY, ATTACH AN ADDITIONAL SHEET TO PROVIDE ALL REQUESTED INFORMATION

1. Have you previously been or are you now licensed as a manufactured home, mobilehome or commercial modular salesperson, distributor, dealer, or manufacturer? YES _____ NO _____
If yes, License No. _____ Expiration Date _____ State _____
License No. _____ Expiration Date _____ State _____
License No. _____ Expiration Date _____ State _____
2. Do you now hold a valid California Driver's License? YES _____ NO _____
If yes, list the California Driver's license number _____
3. Have you ever been known by or used any name other than the name appearing on this application? YES _____ NO _____
If yes, list all names _____
4. Have you had an occupational license refused, revoked, suspended or subject to other disciplinary action? YES _____ NO _____
If yes, disclose the name(s) used (if different than the name shown in Section 1), the firm's name, the name of the issuing Department, type of license, and license number.

5. Have you ever been an Owner, a Partner, Officer, Director or Controlling Stockholder in a firm that had a criminal judgment rendered against it? YES _____ NO _____
If yes, on a separate sheet, disclose for each case your name used (if different than shown in Section 1), the firm's name, the name of the court, the amount and date of the criminal penalty and whether or not the judgment or penalty has been paid.
6. Excluding traffic offenses, have you ever been convicted, fined or placed on probation for any crime or offense, either felony or misdemeanor? YES _____ NO _____
If yes, list each separate offense below - even if you were pardoned or if the offense was expunged from the record of the court.
If you are currently on probation or parole, show the name and address of your probation or parole officer.

NOTICE: A background investigation will be made, and failure to disclose ALL convictions, fines or probations including those out-of state, may result in a refusal to approve your application.

DATE OF CONVICTION	NATURE OF OFFENSE	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO ANSWER QUESTIONS

SECTION 3 - EDUCATION AND EXPERIENCE

1. **EDUCATION** CIRCLE THE HIGHEST GRADE YOU COMPLETED
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

HIGH SCHOOL GRADUATE YES____ NO____
PASSED HIGH SCHOOL EQUIVALENCY TEST YES____ NO____

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COMPLETED SEMESTER UNITS	COMPLETED QUARTER UNITS	DEGREE	DATE DEGREE GRANTED OR DATES OF ATTENDANCE

BUSINESS CORRESPONDENCE
TRADE OR SERVICE SCHOOLS
INCLUDING COURSE OF STUDY:

2. LIST CURRENTLY VALID CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES AND EXPIRATION DATES, MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS.

3. LIST EXPERIENCE BELOW. BEGIN WITH THE MOST RECENT EXPERIENCE IN THE APPLICABLE FIELD OR SUBJECT MATTER. GIVE DETAILS ON THE EXPERIENCE THAT YOU BELIEVE MEETS THE REQUIREMENTS OF THE CALIFORNIA CODE OF REGULATIONS, TITLE 25, DIVISION 1, CHAPTER 4, SUBCHAPTER 2, SECTION 5326.

PERIOD OF EMPLOYMENT	JOB CLASSIFICATION AND MOST IMPORTANT DUTIES PERFORMED, IF APPLICABLE	EMPLOYER(S) INFORMATION
FROM TO MO./YR. MO./YR. TOTAL YR. MO. HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS: SUPERVISOR: TELEPHONE:
FROM TO MO./YR. MO./YR. TOTAL YR. MO. HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS: SUPERVISOR: TELEPHONE:
FROM TO MO./YR. MO./YR. TOTAL YR. MO. HOURS PER WEEK:	CLASSIFICATION: DUTIES:	EMPLOYER: ADDRESS: SUPERVISOR: TELEPHONE:

☐ CHECK IF AN ADDITIONAL SHEET IS ATTACHED TO ANSWER QUESTIONS

SECTION 4 - APPLICANT CERTIFICATION

I certify under penalty of perjury that the answers and information contained herein are true and correct to the best of my knowledge and belief. I acknowledge that I am not authorized to act in the capacity of a course instructor until I receive written approval from the Department.

CERTIFIED BY: _____
Print Name Signature Date

EXECUTED IN THE COUNTY OF _____ STATE OF _____